

III. Individual/Conjoint Sessions

Introduction

Goals of Individual/Conjoint Sessions

- Provide clients and their families with an opportunity to establish an individualized connection with the counselor and learn about treatment.
- Provide a setting where clients and their families can, with the counselor's guidance, work out crises, discuss issues, and determine the continuing course of treatment.
- Allow clients to discuss their addiction openly in a nonjudgmental context with the full attention of the counselor.
- Provide clients with reinforcement and encouragement for positive changes.

Session Guidelines

Three individual sessions are scheduled in the Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders (IOP) model. These sessions are 50 minutes long. The initial session orients the client to treatment, and the final session helps the client plan for posttreatment recovery; these are the first and last sessions of the client's Matrix IOP experience. The remaining session should be scheduled 5 or 6 weeks into treatment or when a client has relapsed or is experiencing a crisis. This session focuses on assessing the client's progress, supporting successes, and providing resources to keep recovery strong. Whenever possible, the counselor should involve the client's family or other significant and supportive persons in the individual sessions; these are called conjoint sessions. Substance abuse can place a family in

crisis. The counselor should be mindful that violence can erupt in this kind of environment. A concern for the safety of the client and the family members involved in treatment should be foremost in the counselor's mind.

Starting individual sessions on time is important. The client should feel that the visit is an important part of the counselor's day. The counselor should try to accommodate the client by scheduling individual sessions at convenient times.

Generally, the counselor sees each client alone for the first half of the session and then invites family members to join the client for the second half. This arrangement should be communicated to the client and family members before they arrive for the sessions so that family members can bring along something to occupy them for the first 25 minutes of the session.

Session Format and Counseling Approach

The connection between the client and counselor is the most important bond that develops in treatment. The counselor should use common sense, courtesy, compassion, and respect in interacting with the client and family members.

Session 1: Orientation

The client's family members may be included for the orientation portion of the first session. Family members are informed of how the Matrix IOP approach works and what is expected of the client. The counselor also explains how family members can support the client's recovery and answers questions the client or family members have.

Session 2: Client Progress/Crisis Intervention

During the second session, the counselor ensures that the client and family members have an opportunity to describe urgent issues and to discuss emotionally charged topics. During the first portion of the session, when the counselor meets alone with the client, the counselor determines whether urgent issues, such as strong cravings or a relapse, need to be addressed immediately. If a crisis needs to be addressed, the counselor may want to bring the family members into the session earlier than the halfway point.

If the client's recovery is going well, the counselor introduces the scheduled material for the session. Any positive changes in the client's behavior or attitude need to be strongly reinforced. For example, a client who has done a good job of stopping drug and alcohol use, scheduling, and attending group sessions, but

who has not exercised, needs to be given unqualified reinforcement for the accomplishments. The counselor should mention that the client would benefit from exercise, but the counselor should not engage in a struggle over one area of resistance.

Session 3: Continuing Treatment Planning

The final Individual/Conjoint session is also one of the final sessions of Matrix intensive outpatient treatment. The counselor reviews the client's treatment experience and underscores the importance of recovery activities (e.g., scheduling, exercise, regularly attending a 12-Step program) that help prevent relapse. The counselor works through a goal-setting exercise with the client and helps the client plan steps that will make the goals attainable. The client is encouraged to work on issues that may have been put on hold during treatment, such as couples or family therapy.

Session 1: Orientation

Goals of Session

- Help clients understand what is expected of them during treatment.
- Orient clients and their family members to the Matrix IOP approach.
- Help clients make a treatment schedule.
- Enlist family members' help in supporting clients' recovery.

Handout

- IC 1—Sample Service Agreement and Consent

Session Content

This session is conducted before the first group session and gives the client and family members an opportunity to meet the counselor and learn about the program. The counselor also uses this session to ensure that the client and family members are oriented properly to treatment. At this session, the counselor gives each client a copy of the *Client's Treatment Companion*. Programs should not distribute the *Client's Handbook* during the orientation session. Clients receive the *Client's Handbook* during the first group session. Clients have their own copies and make personal use of them but should not take them home. Programs collect and store the handbooks in a secure location until clients return for the next group session. (Programs may choose to give clients photocopies of the handouts from the *Client's Handbook*, rather than provide an individual copy of the book to each client.)

After greeting the client and family members, the counselor gives them a brief overview of the Matrix IOP model. This overview takes about 10 minutes and includes the following:

- A general introduction to the principles on which the Matrix IOP model is based (see pages 1–6)
- A description of the various components of the Matrix IOP model
 - ♦ Individual/Conjoint group sessions
 - ♦ Early Recovery Skills group sessions
 - ♦ Relapse Prevention group sessions
 - ♦ Social Support group sessions
 - ♦ Urine and breath tests
 - ♦ 12-Step or mutual-help group attendance
- A program schedule that shows the client and family members what a typical week of the Matrix IOP intervention looks like and how sessions change as the client moves through treatment (see Figure I-1, page 3)

The counselor brings to the session a list of the program's Matrix IOP meetings and times. With the counselor's help, each client selects a schedule. The counselor then provides a copy of this schedule to the client. The goal is for the client to leave the session with a copy of the schedule and a clear idea of what the next steps are.

The counselor gives the client a copy of the program's service agreement and consent form. (Handout IC 1—Sample Service Agreement and Consent is provided as an example of such a form; programs are free to use or adapt this form if they do not have service agreement and consent forms of their own.) The counselor reads aloud while the client and family members follow along. It is important for the counselor to take time going over this document; the counselor should pause after each numbered item on the form to be sure the client understands what he or she is initialing. The counselor should ensure that the client understands the consequences for not abiding by the agreement.

The counselor allows ample time for questions during and at the end of the session. It is imperative that the client and family members feel knowledgeable about and comfortable with the Matrix IOP approach.

Session 2: Client Progress/Crisis Intervention

Goals of Session

- Help clients assess progress.
- Help clients address any crises they may be experiencing.
- Reinforce recovery principles clients have learned in treatment.

Handouts

- IC 2A—Recovery Checklist
- IC 2B—Relapse Analysis Chart

Session Content

The second Individual/Conjoint session is conducted about 5 or 6 weeks after a client enters treatment. The counselor begins the session by briefly discussing with the client how the recovery is progressing. At this point, the session can take one of two different directions, depending on the client's response:

- If the client's recovery is on track, this session is used to assess progress, review relapse prevention skills, give positive reinforcement for the client's successes, and identify areas in which the client can improve. The client completes handout IC 2A—Recovery Checklist. The counselor either reads the handout with the client or gives the client a few minutes to complete it.

The counselor reviews the client's answers with the client. It is important that the counselor praise the client's progress before moving on to the final two questions on the handout, which address relapse prevention activities the client may be struggling to implement. The counselor may wish to make reference to Early Recovery Skills and Relapse Prevention session descriptions or handouts when reviewing recovery skills with the client. Useful session descriptions and handouts include

- ♦ Early Recovery Skills sessions 1, 2, 3, 6, and 7 (in Section IV)
 - ♦ Handout IC 2B (in this section)
 - ♦ Handouts ERS 3B, 5, 6A, 6B, and 7B (in Section IV)
 - ♦ Handout SCH 1 (in Section IV)
 - ♦ Relapse Prevention sessions 3, 7, 11, 13, 16, 18, and 21 (in Section V)
 - ♦ Handouts RP 3A, 3B, 4, 8, 12, 13, 17, 19, and 22 (in Section V)
- If the client has been struggling with recovery or is experiencing a personal crisis, the counselor spends the session addressing these issues, allowing time for the client to talk about what is going on and, when appropriate, developing a plan to help the client maintain or get back to

recovery. If a client recently has had a relapse or feels that a relapse is imminent, the client completes handout IC 2B—Relapse Analysis Chart. The counselor can read the handout with the client or give the client a few minutes to complete it. The goal of completing this sheet and discussing it is to sensitize the client to the events and feelings that precede a relapse. The counselor may wish to refer to the notion of “mooring lines” that keep recovery anchored, as discussed in Relapse Prevention session 3 (Avoiding Relapse Drift) and its accompanying handouts, RP 3A and 3B. The session descriptions and handouts listed above also may make the client aware of the subtle ways in which behavior can imperil recovery.

Relapse does not occur suddenly or unpredictably, although it often feels that way to the client. The counselor needs to help the client understand the context of the relapse. Handout IC 2B—Relapse Analysis Chart helps the client see relapse as an event that both has antecedents and can be avoided. Many people who successfully complete outpatient treatment experience a relapse at some point in the process. The critical issue is whether the client continues the recovery process following the relapse. The counselor should stress to the client that relapse does not indicate failure; it should be viewed as an indication that the treatment plan needs adjusting.

Session 3: Continuing Treatment Planning

Goals of Session

- Help clients evaluate their progress in recovery.
- Help clients set continuing treatment goals.
- Help clients draft a continuing treatment plan.

Handouts

- Handout IC 3A—Treatment Evaluation
- Handout IC 3B—Continuing Treatment Plan

Session Content

The final Individual/Conjoint session is scheduled when the client is about to complete or after he or she has completed 16 weeks of the Matrix IOP intervention (i.e., after clients have completed Family Education and Relapse Prevention sessions). The counselor begins the discussion by asking the client general questions about the treatment experience:

- What aspects of treatment have been most helpful?
- Were there parts of treatment that have not been helpful? What were they?
- What would you change about treatment, if you could?
- How are you a different person now than you were when you entered treatment?
- Have you started attending Social Support group sessions? How have they helped you?

The counselor then works with the client to complete handout IC 3A—Treatment Evaluation, addressing the eight categories listed on the left side of the handout and helping the client evaluate behavioral changes, current status, and hoped-for progress. Examining the discrepancy between the client's current situations and the goals often generates motivation for the client to formulate steps to reach the desired goals. The counselor encourages the client to make the goals realistic and helps the client set realistic timetables for achieving the goals.

After the client has identified goals and established timetables, the counselor goes over handout IC 3B—Continuing Treatment Plan, stressing the importance of ongoing therapy and attending Social Support group sessions and 12-Step or mutual-help meetings. The counselor should think of this session as the final opportunity for case management. Earlier group sessions underscored the importance of continuing with 12-Step or mutual-help meetings after the end of treatment. During those sessions, the counselor provided the client with a list of local meetings and discussed ways to facilitate the client's attendance. The counselor should provide the client with another copy of the list of meetings and discuss in detail the client's plans for attending meetings.

The client uses items from handout IC 3A—Treatment Evaluation to draft a continuing recovery plan at the end of handout IC 3B—Continuing Treatment Plan. The counselor assists the client in writing this plan. The counselor helps the client finish treatment with a clear understanding of how to maintain recovery, with short- and long-term recovery goals and with a realistic plan for accomplishing those goals.

Handouts for Individual/Conjoint Sessions

The handouts that follow are to be used by the client and the counselor to make the most of the three Individual/Conjoint sessions.

IC 1

Sample Service Agreement and Consent

[Each program uses an agreement and consent form that it has developed to meet its particular needs. This form is provided as a sample.]

It is important that you understand the kinds of services you will be provided and the terms and conditions under which these services will be offered.

I, _____, am requesting treatment from the staff of _____ . As a condition of that treatment, I acknowledge the following items and agree to them. (Please initial each item.)

I understand:

- _____ 1. The staff believes that the outpatient treatment strategies the program uses provide a useful intervention for chemical dependence problems; however, no specific outcome can be guaranteed.
- _____ 2. Treatment participation requires some basic ground rules. These conditions are essential for a successful treatment experience. Violation of these rules can result in treatment termination.

I agree to the following:

- a. It is necessary to arrive on time for appointments. At each visit I will be prepared to take urine and breath-alcohol tests.
- b. Conditions of treatment require *abstinence from all drug and alcohol use for the entire duration of the treatment program*. If I am unable to make this commitment, I will discuss other treatment options with the program staff.
- c. I will discuss any drug or alcohol use with the staff and group while in treatment.
- d. Treatment consists of individual and group sessions. Individual appointments can be rescheduled, if necessary. *I understand that group appointments cannot be rescheduled and attendance is extremely important*. I will notify the counselor in advance if I am going to miss a group session. Telephone notification may be made for last-minute absence or lateness.
- e. Treatment will be terminated if I attempt to sell drugs or encourage drug use by other clients.
- f. I understand that graphic stories of drug or alcohol use will not be allowed.

IC 1

Sample Service Agreement and Consent

- g. I agree not to become involved romantically or sexually with other clients.
- h. I understand that it is not advisable to be involved in any business transactions with other clients.
- i. I understand that all matters discussed in group sessions and the identity of all group members are absolutely confidential. I will not share this information with nonmembers.
- j. All treatment is voluntary. If I decide to terminate treatment, I will discuss this decision with the staff.

- _____ 3. Staff: Services are provided by psychologists, licensed marriage and family counselors, master's-level counselors-in-training, or other certified addiction staff people. All nonlicensed counselors are supervised by a licensed counselor trained in the treatment of addictions.
- _____ 4. Consent to Videotape/Audiotape: To help ensure the high quality of services provided by the program, therapy sessions may be audiotaped or videotaped for training purposes. The client and, if applicable, the client's family consent to observation, audiotaping, and videotaping.
- _____ 5. Confidentiality: All information disclosed in these sessions is strictly confidential and may not be revealed to anyone outside the program staff without the written permission of the client or the client's family. The only exceptions are when disclosures are required or permitted by law. Those situations typically involve substantial risk of physical harm to oneself or to others or suspected abuse of children or the elderly.
- _____ 6. Accomplishing treatment goals requires the cooperation and active participation of clients and their families. Very rarely, lack of cooperation by a client may interfere substantially with the program's ability to render services effectively to the client or to others. Under such circumstances, the program may discontinue services to the client.

I certify that I have read, understand, and accept this Service Agreement and Consent. This agreement and consent covers the length of time I am involved in treatment activities at this facility.

Client's Signature: _____ Date: _____



Outpatient treatment requires a great deal of motivation and commitment. To get the most from treatment, it is necessary for you to replace many old habits with new behaviors.

Check all the things that you do regularly or have done since entering treatment:

- | | |
|---|---|
| <input type="checkbox"/> Schedule activities daily | <input type="checkbox"/> Avoid triggers (when possible) |
| <input type="checkbox"/> Visit physician for checkup | <input type="checkbox"/> Use thought stopping for cravings |
| <input type="checkbox"/> Destroy all drug paraphernalia | <input type="checkbox"/> Attend Individual/Conjoint sessions |
| <input type="checkbox"/> Avoid people who use alcohol | <input type="checkbox"/> Attend Early Recovery Skills and Relapse Prevention sessions |
| <input type="checkbox"/> Avoid people who use drugs | <input type="checkbox"/> Attend 12-Step or mutual-help meetings |
| <input type="checkbox"/> Avoid bars and clubs | <input type="checkbox"/> Get a sponsor |
| <input type="checkbox"/> Stop using alcohol | <input type="checkbox"/> Exercise daily |
| <input type="checkbox"/> Stop using all drugs | <input type="checkbox"/> Discuss thoughts, feelings, and behaviors honestly with your counselor |
| <input type="checkbox"/> Pay financial obligations promptly | |
| <input type="checkbox"/> Identify addictive behaviors | |

What other behaviors have you decided to start since you entered treatment?

Which behaviors have been easy for you to do?

Which behaviors take the most effort for you to do?

Which behavior have you not begun yet? What might need to change for you to begin this behavior?

Behavior Not Begun

Change Needed

Relapse Analysis Chart

Name: _____ Date of Relapse: _____

A relapse episode does not begin when you take a drug. Often, things that happen *before* you use indicate the beginning of a relapse. Identifying your patterns of behavior will help you recognize and interrupt the relapse. Using the chart below, note events that occurred during the week immediately before the relapse.

Career Events	Personal Events	Treatment Events	Drug-Related Behaviors	Behavioral Patterns	Relapse Thoughts	Health Status
Feelings about the above events						

Treatment Evaluation

Recovery requires specific actions and behavioral changes in many areas of life. Before you end your treatment, it is important to set new goals and plan for a different lifestyle. This guide will help you develop a plan and identify the steps necessary for reaching your goals. Write your current status and goals for the areas of life listed in the left column.

Subject	Where are you now?	Where would you like to be?	What steps do you need to take?	When?
Family				
Work/Career				
Friendships				
Financial, Legal Obligations				

Treatment Evaluation

Subject	Where are you now?	Where would you like to be?	What steps do you need to take?	When?
Education				
Exercise				
Leisure Activities				
12-Step or Mutual-Help Meetings				

Client's Signature

Date

Counselor's Signature

Date

IC 3B

Continuing Treatment Plan



Recovery is a lifelong process. You can stop drug and alcohol use and begin a new lifestyle during the first 4 months of treatment. Developing an awareness of what anchors your recovery is an important part of that process. But this is only the beginning of your recovery. As you move forward with your recovery after treatment, you will need a lot of support. And you may need different kinds of support than you did during treatment. You and your counselor can use the information below to help you decide how best to support your recovery.



Group Work

You should participate in at least one regular recovery group every week after treatment. The program offers a Social Support group that meets once a week. Other recovery groups are often available in the community. Ask your counselor about local recovery groups.

Individual Therapy

Individual sessions with an addiction counselor might be helpful. When your current treatment ends, you have choices about continuing with therapy. You may choose this time to enter therapy with another professional. You may want to return to therapy with the professional who referred you for the Matrix IOP method. Or you may choose to continue to see your current Matrix IOP counselor.

Couples Therapy

It is often a good idea at this point for couples to begin seeing a marriage counselor together to work on relationship issues.

12-Step or Mutual-Help Meetings

Attendance at a 12-Step or mutual-help meeting is a critical part of the recovery process. It is essential to find a meeting that you will attend regularly.

IC 3B

Continuing Treatment Plan



My plan for the months following treatment is:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Client's Signature

Date _____

Counselor's Signature _____

Date _____